



**Issaquah Parks & Recreation  
ADULT  
Volunteer Application**

Today's Date: \_\_\_\_\_

<b>Name:</b> _____	<b>Home Phone:</b> _____
<b>Address:</b> _____	<b>City:</b> _____ <b>Zip:</b> _____
<b>Employer:</b> _____	<b>Work Phone:</b> _____
<b>Email Address:</b> _____	

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

**Interests:** \_\_\_\_\_ Special Events \_\_\_\_\_ Youth Center \_\_\_\_\_ Outdoor/Environment  
\_\_\_\_\_ Sports / Coaching \_\_\_\_\_ Manual Labor / Maintenance \_\_\_\_\_ Other: \_\_\_\_\_

**Days & Times you may be available:**

Monday: _____	Thursday: _____
Tuesday: _____	Friday: _____
Wednesday: _____	Saturday: _____

**Would you like to be on our volunteer email list?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Please read & sign below:**

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand, that, if accepted as a volunteer, any misrepresentation of material omission on this application which becomes know to the City of Issaquah Parks & Recreation Department may result in immediate termination as a volunteer. I also authorize examination of any information contained in the application, which will allow the City of Issaquah to make a decision regarding my volunteering. I release the City of Issaquah from any and all liability and will hold them harmless for any damages that may result from securing and verifying this information.

I also authorize the City of Issaquah to conduct a Washington State Patrol background check, which may require me to be fingerprinted.

I acknowledge that I have read and understand the preceding statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

This volunteer was initially called by \_\_\_\_\_ on \_\_\_\_\_.  
(Name) (Date)



## ADULT INDIVIDUAL VOLUNTEER SERVICE AGREEMENT

(18 years of age or older)

I, \_\_\_\_\_, hereby volunteer my services to perform only the services directly authorized by City of Issaquah ("City") staff (or written scope of work). I understand I will not be compensated for my work, and I perform my volunteer activities in a responsible manner. I hereby identify that I am capable of performing the outlined volunteer activities.

☐ My **ONE-TIME** volunteer service will commence on \_\_\_\_\_ and end on \_\_\_\_\_.

**OR**

☐ My **ONGOING** volunteer services will commence on \_\_\_\_\_.

If I decide to discontinue volunteer service, I will notify the Parks & Recreation Department.

I understand and agree that:

- I am not to appear for volunteer service under the influence of any drugs or alcohol;
- I may be entitled to receive full coverage for medical treatment required, if the injury was incurred during qualified volunteer participation, under the medical aid provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death. It will be my responsibility to notify the treating medical facility that this is a volunteer "on-the-job" injury to receive such coverage. I am aware the incident is subject to routine investigation for verification purposes and is not a guarantee of coverage if it is determined not to be a volunteer associated injury. I must also report any "on-the-job" injury or illness, no matter how minor, to the City's risk management office through an incident report;
- the City shall inform me of any necessary personal protective equipment, as required for the scope of the activities by the Washington Industrial Safety and Health Act, and I agree to utilize it (it may be provided by myself or the City);
- I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense;
- I understand that I am not to have child(ren) with me, during my volunteer activities, that are under 14 years old (and those over 14 years would need a separate Volunteer Service Agreement if they were with me while I performed volunteer functions, regardless whether they actually assisted me or not). If I do bring with me any child(ren) under 14 years of age (which is violation of this agreement), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and hold the City harmless from any and all such related claims against the City; except for injuries or damages caused by the City's sole negligence;
- I understand I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them;
- the City may terminate this agreement at any time without cause and I understand I am volunteering my services at will and may be asked to discontinue without prior notice or reason. I may also terminate this agreement at any time without prior notice;
- if I am to work unsupervised with children, the handicapped, or elderly, I consent to the City performing a background check into my history in accordance with RCW 43.43.834 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer; and
- I am fully aware of the special dangers and risks inherent in the activities that I may volunteer for on behalf of the City and I hereby assume all risk of liability. I also waive any right of recovery for myself, my heirs, executor, or personal representatives, from, or to bring suit against, the City and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself arising out of my voluntary participation in an activity, except for injuries and damages caused by the sole negligence of the City.

This agreement will be in effect for the duration of my volunteer service beginning on the date listed above, unless amended in writing.

Signature of Volunteer \_\_\_\_\_ Printed Name of Volunteer \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date \_\_\_\_\_

# Washington State Patrol

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 through 43.43.845

### REQUESTING AGENCY/ADDRESS

City of Issaquah  
Human Resources Department  
P.O. Box 1307  
Issaquah, WA 98027-1307

### APPLICANT OF INQUIRY

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in  
Compliance with RCW 10.97.050

Applicant's Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Date: \_\_\_\_\_

We will send you a copy of the results from the City of Issaquah's Washington State Patrol Background Check inquiry if  
any convictions are indicated. Please choose how you would like to receive your results from the options below:

☐ Email to: \_\_\_\_\_

☐ Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_